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CLINICS.

CLINICAL LECTURES.

Lecture on Dropsy: Its General Pathology, Prognosis, and Principles of Treatment.—By GEO. JOHNSON, M. D., Physician to King's College Hospital, &c.

Dropsy has been well defined by Dr. Watson to be "collections of serous liquid in one or more of the shut cavities of the body, or in the areolar tissue, or in both, independent of inflammation." The main object which I have now in view is to give a clear and intelligible explanation of dropsical accumulations. We know that "the meshes of the areolar tissue, and the serous cavities in which dropsical accumulation occurs, are moistened during life and health by a continual serous secretion." Dropsy consists in an excess of this fluid; which excess must be a result either of excessive secretion or of defective absorption, or of both combined. In fact, it is probable that while dropsical effusion is going on, the absorption of liquid from the dropsical parts is nearly if not quite suspended.

So far as is known, the *bloodvessels* are alone concerned in the exhalation and absorption of this fluid. The lymphatic absorbents have no share in the phenomena of dropsy. The explanation of dropsy is to be found in the condition of the bloodvessels and their contents. In general terms, the proximate cause of dropsy may be, 1st, a mechanical impediment to the circulation of the blood, and a consequent over-fulness of some part of the vascular system; 2d, an alteration of the physical condition of the blood—either (*a*) an excess of the watery part, with a relative deficiency of the solids, or (*b*) an accumulation of excrementitious materials, especially of urinary constituents.

Let us now take some simple examples illustrative of each of these conditions as a cause of dropsy.

An impeded return of blood through the

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veins often causes dropsical swelling of the parts beyond the seat of obstruction. Thus the pressure of enlarged glands, or of an aneurism on the femoral or popliteal vein, or the pressure of the gravid uterus on the iliac veins, will give rise to œdema of the lower extremities. Structural disease of the liver, especially an advanced stage of cirrhosis, may greatly impede the return of blood through the portal system of veins, and the result is an effusion of serum into the cavity of the peritoneum, constituting ascites. Dr. Watson relates the case of a man who had dropsy of the head and neck and upper extremities, while the rest of the body was free from dropsical swelling, and disproportionately small. The cause of the dropsy was found to be obliteration of the superior cava vein by the pressure of an aneurism of the aorta. The larger the vein which is obstructed, the greater will be the extent of the dropsy; and when the impediment to the circulation exists at one of the orifices of the heart, the dropsy may be general over the whole body.

Now the immediate cause of the dropsical effusion in these cases is *over-distension of the veins and capillaries, and increased pressure on their walls.*

Experiment has shown that the transmission of fluids through membranes is in direct proportion to the *pressure* employed. Experiments by Magendie and others have also shown that while depletion of the bloodvessels by venesection quickens absorption, artificial distension of the vessels by the injection of water checks absorption and favours exhalation or the escape of liquid through the walls of the vessels.

Again, absorption is checked by a retarded movement of the blood through the vessels. "Fluid may be raised against gravity by directing a stream along a membranous canal which lies immersed in the stagnant fluid. The outer fluid enters the canal by endosmose, and is carried away with a speed proportioned to the velocity of the current."[1] An obstacle to the return of blood through the veins therefore checks absorption and favours dropsical effusion, by causing a retarded circulation, increased fulness of the veins and capillaries, and increased pressure on their walls.

It is thus, chiefly, that valvular disease of the heart, and some forms of pulmonary disease—such as emphysema with bronchitis—cause dropsy. I shall presently show you that congestion of the kidneys and a consequent scanty secretion of urine are amongst the results of the cardiac and pulmonary disease which concur in causing dropsical effusion.

Watery blood.—We have next to speak of dropsy having its origin in an alteration of the physical condition of the blood. And, first, dropsy may result from an excess of water and a deficiency of the solid constituents of the blood. In cases of extreme anæmia, whether a result of hemorrhage or that condition of system to which the term chlorosis is applied, we frequently find more or less dropsical swelling, especially of the lower extremities. In these cases the escape of serum from the bloodvessels into the areolar tissue is accounted for partly by the thin and watery state of the blood, partly, perhaps, by an enfeebled condition of the heart. Palpitation and dyspnœa on exertion are common symptoms. It is probable, also, that this thin and watery blood is less readily transmitted through the capillaries than blood which has its normal consistence and composition. Anæmia, therefore, may tend to cause dropsical effusion through the influence of watery blood, weakness of heart, and impeded capillary circulation.

Lastly, we have said that dropsy may result from an accumulation of excrementitious materials, and especially of urine, in the blood. A case of acute renal dropsy is a type of this class of dropsies. A patient with the eruption of scarlatina fully out, or with the skin desquamating after the disappearance of the rash, is exposed to cold: the fever-poison, which was being eliminated by the skin, is thrown in upon the kidneys; these glands become congested and inflamed, the urine is scanty, high-coloured, albuminous, and often bloody, and in the course of a few hours there is general dropsy. What is the cause of dropsy in such a case?

1st. There is an accumulation of water in the blood in consequence of imperfect action of the skin and kidneys.

2d. Urea and other urinary constituents being retained in the blood occasion an impeded circulation through the capillaries, and a consequent effusion of serum through the walls of those vessels.

One of the most convincing proofs of

[1] Todd and Bowman's Physiology, vol. ii. p. 287.

impeded capillary circulation consequent on contamination of the blood with urine is to be found in the hypertrophy of the left ventricle of the heart, so commonly present in cases of chronic renal disease.[1] An analogous obstruction results from an excess of carbonic acid in the blood, as proved by the experiments of Dr. John Reid.[2]

3d. There is probably another cause for dropsical effusion in these cases—viz., a direct irritant action of the retained urinary excreta upon the systemic capillaries; an irritant action tending to cause serous effusion, but short of that which would give rise to inflammatory exudation.

Let us now consider some of the points of agreement and of difference between *cardiac* and *renal dropsy*; in other words, between dropsy depending on a mechanical impediment to the circulation and that resulting from disease and defective action of the kidneys. In both classes of cases there is an impeded flow of blood through the capillaries, and a consequent escape of serous fluid from those vessels. In the case of cardiac dropsy the impediment is in the heart, and it acts through the veins on the blood in the capillaries. In the case of renal dropsy the impediment originates in the capillaries themselves, and is a result of the contamination of the blood with urine.

The circulation of impure blood resulting from defective action of the skin and kidneys is commonly attended with a considerable degree of febrile reaction and excitement. This form of dropsy, therefore, is sometimes called acute, active, febrile, inflammatory.

Cardiac dropsy is chronic and passive, and is unattended by febrile excitement. The blood in cardiac dropsy may have undergone little or no physical change; in cases of renal dropsy it always contains urinary excreta. The so-called inflammatory dropsy is not, however, a result of inflammation, except it be of the kidneys. The areolar tissue, which is the seat of dropsical effusion, is soft, and pits on pressure. The serous fluid is easily movable under pressure. On the other hand, inflammatory effusion into the subcutaneous tissue is fibrinous, hard, and unyielding under the pressure of the finger.

Even when the dropsy is of cardiac origin, we commonly find that there is a scanty secretion of urine consequent on the impeded circulation through the kidneys. Bear in mind that *cæteris paribus*, the amount of urine secreted depends on the quantity of blood which circulates through the kidneys. Ligature of both renal veins causes a speedy suppression of urine; and when cardiac disease obstructs the general circulation, the urine will be scanty in proportion to the degree in which the blood is impeded in its passage through the kidneys. Thus a scanty secretion of urine is commonly the immediate precursor and cause of that which is rightly called cardiac dropsy.

Not unfrequently in advanced stages of cardiac disease, the renal congestion resulting from obstructed circulation leads to albuminuria. And, on the other hand, disease of the endocardium and valves is a frequent result of renal degeneration and consequent blood contamination. So that both the heart and the kidneys are implicated in a large proportion of cases of general dropsy.

In cases of renal dropsy, the effused fluid contains urea. In uncomplicated cardiac dropsy this is not the case.

Cardiac dropsy usually begins in the feet and ankles. The capillary obstruction is greatest in the most dependent parts, from which the blood has to ascend against gravity. The liquid, too, after it has been effused into the areolar tissue, tends to gravitate downwards.

Acute renal dropsy commonly appears simultaneously over the whole body: in the face and in the feet at the same time. The blood in these cases is contaminated with urine. There is consequently a universal capillary impediment or congestion, and an active transudation through the walls of the capillaries.

Chronic renal dropsy, on the other hand, often begins in the feet, and thence gradually extends upwards, like cardiac dropsy. In these chronic cases the proximate cause of the dropsy is mainly the impoverished condition of the blood. The blood contains an excess of water, with a deficiency of solids, especially albumen and colouring-matter. We find that patients with chronic

[1] See on this subject the author's book on "Diseases of the Kidney;" also a paper in the "Medico-Chirurgical Transactions," vol. xxxiii., "On the Proximate Cause of Albuminous Urine and Dropsy."

[2] Physiological, Anatomical, and Pathological Researches, p. 17.

renal disease are liable to become dropsical in proportion to the abundance of the albumen and the scantiness of the water in the urine. In cases of chronic desquamative disease, a form of renal degeneration attended with a copious secretion of urine and comparatively little albumen, there is commonly no dropsy. On the other hand, dropsy is almost invariably present in those cases of Bright's disease with the large wax-like and fat kidneys, which are associated with a scanty secretion of highly albuminous urine.[1]

In most cases general dropsy is either *cardiac* or *renal* in its origin; but the cause of general dropsy may be in the *lungs*. Emphysema with bronchitis involves a serious impediment to the flow of blood through the lungs, and is a common cause of dropsy. In these cases an excess of carbonic acid in the blood is an additional source of impeded capillary circulation and of consequent dropsical effusion.

Let us now review the facts common to all the forms of dropsical effusion:—

1. In all forms of dropsy there is a preternatural fulness in some part or in the whole of the vascular system.

2. Whatever the cause of dropsy, the dropsical effusion is poured out through the walls of the capillaries.

3. In most forms of dropsy, and probably in all, the flow of blood through the capillaries is impeded.

The cause of the impediment differs in different cases. In one class of cases there is a distant mechanical impediment to the return of blood by the veins: pressure on a venous trunk; or disease of the heart, or lungs, or liver. In another class of cases there is an abnormal condition of the blood itself, and a consequent loss of that mutual relation between the blood and the vessels upon the maintenance of which depends the freedom of the capillary circulation.

The morbid conditions of the blood which chiefly favour the occurrence of dropsy are—1st, an excess of water, with a deficiency of solids, especially of the colouring matter and albumen; and, 2d, the retention and accumulation of excrementitious material—most frequently urea and other urinary constituents, less commonly carbonic acid.

[1] On this point see a paper by the author "On the Forms and Stages of Bright's Disease," Medico-Chirurgical Transactions, vol. xlii. p. 153.

The *prognosis* in cases of dropsy differs extremely according to the nature of the disease of which the dropsy is a symptom. Amongst the uninitiated the belief is very general that dropsy is rarely curable; and when a patient asks concerning his malady, "Is it the dropsy?" an affirmative answer without explanation will almost invariably convey the idea of an incurable disease. The notion that dropsy is essentially incurable is happily an erroneous one. Some forms of dropsy are curable with ease and certainty. The slight anasarca which frequently accompanies chlorosis usually yields at once to appropriate treatment. Cases of acute renal dropsy, if they come early under treatment, usually end in complete recovery.

The cases in which the prognosis is most unfavourable are those in which the dropsy is dependent on advanced *chronic* disease of the kidney, and again those which are associated with organic disease of the heart or of the liver. Even in cases of incurable organic disease of the heart or kidney or liver a temporary removal of the dropsy may not uncommonly be effected.

The distress and the danger attending a dropsical accumulation are greatly influenced by the seat of the effusion. The difference in this respect is immense between the tunica vaginalis and the pericardium—between the peritoneum and the pleura (the amount of liquid being equal); and so again between the areolar tissue under the skin and that beneath the mucous membrane of the larynx.

Lastly, I will briefly indicate the principles which should guide us in the *treatment* of dropsy.

There are two objects to be aimed at in the treatment of dropsy: 1st, to remove the dropsical accumulation; and 2d, to remove the original cause of the dropsy. If we can accomplish the second of these objects, the first is generally attained with it. The dropsy will soon disappear with the removal of its cause.

For instance, the slight anasarca which occurs in chlorotic young women is a result of a poor and watery condition of the blood. The dropsy quickly passes away when the quality of the blood is improved by nutritious food, fresh air, and exercise, with the use of iron as a tonic, and perhaps an occasional aperient.

In the treatment of acute renal dropsy, it

is important to bear in mind the relation in which the dropsy stands to the renal disease; and it is especially interesting to observe the phenomena which occur during the progress of recovery. In particular, there is one phenomenon which deserves notice in connection with the general pathology as well as the treatment of dropsy: I mean the copious flow of urine which occurs spontaneously during convalescence.

In cases of acute renal dropsy the urine is at first scanty and of morbid quality, being often high-coloured from admixture with blood, always albuminous, and usually containing numerous casts of the kidney-tubes. The scanty secretion of urine is the cause of the dropsy, and the secretion of urine is scanty because the flow of blood through the kidney is obstructed and the structure of the gland changed, the tubes being filled with desquamated epithelium and with blood and fibrin which have escaped from the gorged Malpighian vessels. Now observe what happens during the progress of cure in a case of this kind. The patient we will suppose to be placed in circumstances favourable for recovery: he is confined to bed; has a scanty diet; the loins are dry-cupped, or mustard and linseed poultices are applied there; and means are taken to excite the secretory action of the skin and bowels, and thus to lessen the work of the kidneys. Soon the secretion of urine begins to increase, until, in the course of four or five days, perhaps, the quantity of urine, which at first had been less than half the natural amount, becomes three times as great as the standard quantity, no diuretic medicine of any kind having been given.

The explanation of this spontaneous diuresis appears to be this:—During the acute stage of the renal disease, the constituents of the urine, both solids and liquids, have accumulated in the blood, and have thence been effused into the areolar tissue and into the serous cavities. Now urea itself is a most powerful diuretic; and no sooner is the inflammatory congestion of the kidney removed, and the freedom of the renal circulation restored, than the urea exerts its natural diuretic action on the kidney. The copious diuresis thus induced speedily removes the accumulated urinary solids and liquids from the blood, the areolar tissue, and the serous cavities into which they had been effused, and so the dropsy is cured.

This abundant flow of urine occurs without aid from diuretics or drugs of any kind. I have seen it occur while bread-pills alone were given as a *placebo*. Stimulating diuretics, such as squills, or cantharides, or turpentine, are injurious by increasing congestion of the kidney. The best diuretics in such cases are means which tend to lessen the congestion of the kidneys: counter-irritation over the loins, especially by dry-cupping; hot-air baths and diaphoretics, purgatives, and a scanty diet.

In some cases of chronic renal dropsy, diuretics may be given without risk, but too often without much benefit in the way of removing or lessening the dropsy. Diuretics are more frequently successful in cases of cardiac dropsy, when the kidneys are free from disease.

In the treatment of cardiac dropsy, while we endeavour to remove the fluid by diuretics and by purgatives which excite copious watery discharges from the bowels, it is desirable to do what we can to sustain the power of the heart by nutritious food, stimulants, and tonics. Little or nothing can be done to repair a damaged valve, but much may be done to strengthen the muscular walls of the heart, and thus enable it to overcome the impediment to the flow of blood and the consequent tendency to dropsy which a diseased valve occasions. When other means fail to remove a dropsical accumulation, we may often afford great temporary relief, and prolong life sometimes for a considerable period, by mechanical means—by tapping the abdomen, for instance, in a case of ascites; by acupuncture or incisions through the skin of the legs for the removal of anasarca.

It is very interesting to note the phenomena which follow upon puncturing or incising the legs in cases of anasarca. There is first a copious drain of liquid from the punctures. Secondly, there is a further exudation of liquid from the over-distended bloodvessels; this liquid also escapes from the punctures or incisions, and its escape is often associated with temporary symptoms of exhaustion, such as a rapid and feeble pulse and pallor of countenance. Thirdly, there occurs often a copious secretion of urine, in consequence of a more free circulation of blood through the kidneys.

Dropsical accumulation tends to cause a

secondary impediment to the circulation by the pressure of the effused liquid from without upon the small bloodvessels. And, again, the capillary circulation becomes more and more impeded in proportion to the increasing distension of the bloodvessels which results from cardiac or renal disease. The drain of liquid from the areolar tissue, allowing of a further exudation from the bloodvessels, thus removes or lessens the obstruction which results from over-fulness of the vessels. The general circulation therefore becomes more free, and the greater freedom of the circulation through the kidney is attended, as we have before seen, by more copious secretion of urine.

The free action of a hydragogue—elaterium for instance—is often followed by a copious secretion of urine. The gorged vessels are partly unloaded by the drain of liquid from the bowels; the circulation through the kidneys, as through other parts and organs, consequently becomes more free; and hence a copious secretion of urine, and a rapid diminution or even a complete removal of the dropsy.—*Lancet*, Jan. 16, 1864.

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Clinical Remarks on Chronic Hypertrophy of the Bladder, with great frequency of Micturition.—By BARNARD HOLT, Esq. John D.——, æt. 19, a blacksmith, a strong, muscular young man, was admitted into Westminster Hospital, July 21, 1863, suffering from diseased bladder. He stated that three years since he fell across a log of wood, which at the time occasioned but little inconvenience; but about a week subsequently, after having taken a long walk, he experienced a very severe aching pain in the course of the urethra, and a constant desire to pass his urine, succeeded in about a week by a purulent discharge. This continued for a month or more unheeded by the patient, at the end of which time he solicited the advice of a neighbouring druggist, who, after examining him, came to the conclusion that he was suffering from gonorrhœa, and prescribed a mixture for him, which appears to have been of the usual character—copaiba, ether, &c. The patient, although knowing himself to be perfectly free from any syphilitic disease, nevertheless took the medicine, which failed to relieve him, and he became rapidly worse, little lumps of what he described as matter and blood being now passed with his urine. The druggist and himself became alarmed, and the patient sought the advice of the parochial surgeon, who, being of the same opinion as the druggist, prescribed accordingly, insisting upon his medicines being persevered with. However, as before, they failed in procuring any relief. He now became an inmate of the Bath Homœopathic Hospital, quitting it in a few weeks, with the usual infinitesimal amount of homœopathic advantage. Continuing still to get worse, he obtained admission into the Bath United General Hospital, and on the 14th of May was received under the care of Mr. Soden, who decided that he was suffering from inflammation of the bladder, and ordered him warm mineral baths every morning, and ten leeches to be applied to the hypogastric region; the latter bled freely, but without in any manner relieving his symptoms. Mr. Soden, suspecting the probability of calculus, sounded him while under chloroform, without, however, detecting any stone; he therefore ordered the bladder to be washed out daily with warm water, to which was added half a drachm of dilute nitric acid. This treatment appears to have had the effect of enabling him to retain his urine longer, but failed altogether to relieve his pain. Mr. Soden a second time examined him while under chloroform, but with a similar result. This state of things continued up to Aug. 14th, 1861, the patient during this period taking medicines prescribed by Mr. Soden. He then left the hospital, very little if at all benefited, and returned to Devizes, where he remained, without receiving any special surgical treatment, from this time up to March 21st, 1862. He then obtained admission into the Bristol Hospital, and was under the care of Mr. Coe, who, after hearing his statement, also examined his bladder, but not finding stone, prescribed medicines to ease his pain, and ordered him warm baths every night. He remained in this institution a period of four months, taking a variety of medicines, without receiving the slightest alleviation. He now returned to his native town, and placed himself under the care of Mr. Nicholls, who pronounced his case to be stricture, and after some difficulty passed a catheter into his bladder. He remained under this gentleman's care also for four months, with varied results. At the end of this time Mr. Nicholls com-

municated with Mr. Holt, and obtained his admission into the Westminster Hospital on the 21st of July, 1863.

Having heard the man's statement, Mr. Holt examined his bladder, first without and subsequently with chloroform, without detecting any foreign body. The bladder was much contracted and roughened, and the prostate was slightly enlarged. The urine contained pus and mucus, with phosphatic crystals, the latter probably dependent on the condition of the bladder. He was compelled to urinate every half-hour, and he experienced great pain afterwards; the bladder, even under chloroform, would only hold two ounces. Mr. Holt prescribed bromide of potassium, liquor potassæ, and chlorodyne, but without relief; and the patient subsequently took, at different times, acetate of potash, liquor potassæ, and opium, pareira brava and acid, with a like result. Finding that after a fair trial of various remedies they were of little benefit, Mr. Holt desired that his bladder should be injected every morning with one drachm of the tincture of opium to an ounce of water; but as this gave but transient ease, the sedative solution of opium was substituted for it; this after a few days gave considerable relief, and he was enabled to retain his urine for from three quarters of an hour to an hour, three ounces of urine being now the quantity that was usually passed. This treatment was continued for a month, the bladder still refusing to hold more than three ounces of urine. The injection was directed to be repeated in the evening, but the second passing of the catheter produced so much irritation that after a week's trial the injection was altogether omitted. He still continued to pass three ounces. The iodide of potassium was now prescribed in five-grain doses, with directions to increase the dose every third day; and after the lapse of a fortnight the daily injection of the solution of opium was resumed. The benefit of this treatment was soon apparent, for in a short time the bladder was found to retain three ounces and a half, and occasionally three ounces and seven drachms; the intervals being usually an hour and three quarters, and sometimes two hours and a quarter. This treatment is now being pursued, and apparently with the most satisfactory results.

Mr. Holt, in a clinical lecture upon the above case, remarked to the pupils: This case affords you an excellent example of the inexpediency of at all times ignoring a patient's statement in reference to the proximate cause of his ailment. If the surgeon, under whose care this man first came, had carefully inquired into his history, he would have ascertained that the frequency of micturition *preceded* the discharge, and that the pain the patient complained of was after the bladder had been emptied, and not the ardor urinæ that accompanies an attack of gonorrhœa. The mischief was in the bladder, more especially at its neck: and although the proximate cause was the injury to the urethra, the serious symptoms depended on inflammation of the bladder. But supposing it had been otherwise, and that the inflammation of the bladder had resulted from gonorrhœa, surely the bladder complication required the first attention, and could not be remedied by copaiba or cubebs. The treatment was of course ineffectual, and the poor man continued unrelieved, his frequency of micturition increasing, and the pain becoming more aggravated, the urine during this period depositing the ordinary quantity of mucus and triple phosphate. Experiencing no relief from regular treatment, he eventually tried homœopathy; but as he derived no benefit from globules, he now became an inmate of the Bath Hospital, under the care of Mr. Soden, who at once diagnosed the nature of the case. Unfortunately, however, for the patient, the mischief which by proper treatment might in the first instance have restored the bladder to its normal state, had now resulted in hypertrophy of its coats, limitation of its capacity, and a highly congested or ulcerated state of its neck, giving rise to those deceptive symptoms which are so characteristic of stone in the bladder; and hence both Mr. Soden, and subsequently Mr. Coe, sounded the patient, without, however, detecting any foreign body. All the ordinary treatment was from time to time prescribed, but without benefit; and when admitted under my care, he was compelled to pass urine every half hour, the quantity usually being two ounces—occasionally less, but never more. He still complained of great pain after micturition, and the urine contained a large quantity of mucus, pus, triple phosphate crystals, and occasionally blood. The fact of no stone having been previously detected was no evidence that he might not now be suffer-

ing from calculus. I therefore sounded him again, first without and subsequently while under the influence of chloroform, but without detecting any foreign body. The first examination gave him great pain. During the time the patient was anæsthesiated, I injected his bladder; but although he was perfectly unresisting, I could not force in more than two ounces of tepid water, which, taken in connection with the limited movement of the sound, and the absence of any tumour or irregularity, assured me that he was suffering from hypertrophied bladder. From the extreme sensitiveness of the mucous lining, I was induced to try the effect of large doses of the bromide of potassium, which, after a fair trial, was abandoned as useless. He then took pareira brava and acid, still without benefit; and afterwards chlorodyne and liquor potassæ, and small doses of copaiba—all without any beneficial result, I now directed that a drachm of tincture of opium should be injected with an ounce of water every morning, and that he should record the times that he passed urine and the quantity voided each time. After several injections hardly any appreciable benefit could be recognized; the quantity was still about two ounces, but not passed with so much pain. Battley's sedative solution was now substituted for the tincture of opium, and certainly with a marked amelioration to his suffering, and an increase in the quantity of urine, as well as the intervals of passing it. In a few days he could hold his urine varying from eighty to a hundred minutes, the quantity being usually three ounces, but never more. This treatment was continued for a month, and, at the expiration of that time, as the quantity was still three ounces, I directed that the bladder should be injected night and morning; but this plan was not found to answer, as the more frequent passage of the catheter increased the soreness in the urethra, and caused him such an amount of pain as to frustrate the object of the injection. It was, therefore, discontinued for a time, and recourse was had to increasing doses of the iodide of potassium, and eventually to a return of the injection. How far the iodide of potassium may be capable of reducing the chronically thickened bladder I am unprepared to say. We have seen it effect great changes in fibrous enlargement of the mamma and testis, and therefore it may not be quite hypothetical to suppose it capable of exercising a beneficial effect on the bladder; certainly, since the combination of the two remedies, the patient has improved, and I have great hopes that yet further advantage may be gained by their use. The case is one full of interest. There is very little written upon the subject; and I would, therefore, advise your steadily watching it as one from which you may probably derive considerable information.—*Lancet*, Dec. 19, 1863.

HOSPITAL NOTES AND GLEANINGS.

Chronic Hydrarthrosis of the Knee-Joint successfully treated by the Injection of Tincture of Iodine after Tapping.—A late writer on Diseases of the Joints in the third volume of Holmes's "System of Surgery" (Mr. Athol Johnson), in dwelling upon Dropsy of Joints, observes that, in old and neglected cases, the affection resists all ordinary treatment, and must either be abandoned as incurable or further measures must be had recourse to, the most practicable of which is iodine injection, employed as in ordinary hydrocele. This mode of treatment was first introduced by Bonnet, of Lyons, and has been practised occasionally, though rarely, by Mr. Erichsen, Mr. Barwell and others, with very satisfactory success. A number of cases have been placed upon record by Dr. Robt. L. Macdonnell, of Montreal; and we add another, where, after all other treatment had persistently failed, iodine injection was curative.

From our own experience in watching cases under treatment, the pure tincture of iodine, as preferred by Bonnet, seems more beneficial and positive in its effects than when diluted with water; and this point is worthy of especial remembrance. A certain amount of inflammation invariably follows this mild operation, and this must be prevented from going too far, or proceeding to suppuration, by retaining the limb in a state of complete quietude.

The following notes were furnished by Mr. C. St. Aubyn Hawken, house-surgeon to the hospital:—

Wm. S——, aged twenty, was admitted into Northumberland ward on the 14th of January last. The patient stated that three years and a half since he received a blow upon his knee. Six months afterwards,

apparently without any assignable cause, the knee became swollen and was painful, so that he could not, being a tailor, rest his board upon it. He was seen by a surgeon, and the joint was blistered, and afterwards painted with iodine. This reduced the swelling; but the knee remained stiff, though free from pain. He continued now to use it for nine months, at the end of which time it again became swollen, and another blister was applied, which gave such relief that he was enabled to continue his work for another year, although during the whole time it remained larger than that of the opposite side. A year ago it again swelled and pained him slightly; and he then took cod-liver oil, and rubbed the same into the joint. It was sufficiently relieved for him to use it again (now as a painter) until Christmas last, when, it having resumed its old condition, he came into the hospital.

On admission, the joint was greatly distended with fluid, slightly painful, but not red. He had a strumous aspect, and he stated that his mother died from consumption. A blister was applied over the joint, and he was ordered an ounce of the mixture of iodide of potassium thrice a day, with full diet. The blister was repeated from time to time, but it did not reduce the swelling. Mr. Holt now ordered the knee to be put up in Scott's dressing, and it was so kept for six weeks; but, when removed, no difference in the size of the joint was perceived. It was now painted with tincture of iodine, still without benefit; and afterwards a solution of nitrate of silver (twenty grains to the ounce) was applied, but without affording any relief.

Failing in all ordinary treatment, on April 19th Mr. Holt punctured the joint with a small trocar, and removed a considerable quantity of thin, serous, and slightly yellow fluid, and afterwards injected equal parts of iodine and water. The joint was put upon a ham splint.

On the following day the joint was about the same size as before the injection, but not painful or even tender to the touch. This treatment was attended by some good result; for on May 10th the joint, which before the injection measured fifteen inches and a quarter, was now reduced to fourteen inches three quarters. Beyond this the injection did no further good; and after the expiration of another month, finding the joint remain the same size, Mr. Holt punctured it a second time. Upon this occasion the fluid was more purulent, but less in quantity. Two drachms of undiluted tincture of iodine were now injected, and left in. The patient did not experience any pain, and on the following day the joint was more swollen, but not painful. From this time the joint gradually decreased in size, and after another month measured thirteen inches. He was also able to leave his bed, first walking with the aid of crutches, and afterwards with sticks, when he left the hospital for the country, being able to get about with comparative comfort.—*Lancet*, Sept. 3, 1864.

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Cancer in the Male Breast.—The occurrence of scirrhus in the male breast is proverbially rare; nevertheless, examples have presented themselves to the surgeon at almost every metropolitan hospital, the majority of which have been recorded in our "Mirror." The following is an additional example occurring at the Metropolitan Free Hospital, under the care of Mr. Borlase Childs, the notes of which were furnished by Mr. R. C. Grubb, the house-surgeon.

Charles R——, aged sixty, admitted July 5th, 1864. Is a thin spare man. States that he has always been very healthy, and is not aware that any of his family have been afflicted with cancer. First remarked the tumour about four months ago; since then it has gradually grown larger, slowly and without pain. He attributes it to a habit of frequently pressing his chest against the edge of a bin, whilst leaning to reach its contents.

The tumour is on the right breast, and involves the nipple; it is about the size of a walnut, and feels slightly nodulated. There is no implication of the lymphatic system, and the patient's appetite and general health are unimpaired.

July 11th.—Chloroform having been given by Mr Coleman, Mr. Childs removed the tumour by an oblique elliptical incision, and brought the edges together with sutures.

The further progress of the case presents no feature of interest, except that the patient was discharged on July 30th, with the wound almost healed.

On section the tumour cut crisply. Microscopic examination showed a basis of

fibro-cellular tissue, with the granular, nucleated, and irregularly shaped cells usually considered pathognomonic of cancer. —*Lancet*, Sept. 3, 1864.

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Foreign Body in the Trachea quickly giving rise to Inflammation of Epiglottis. —The following curious case lately occurred at Guy's Hospital. The question might be asked, on reading it, whether the condition of the epiglottis found after death did not precede the insufflation of the piece of apple-skin; for it may be said that choking was almost instantaneous, and the changes observed could not have occurred after death nor in the interval of the few moments before demise.

John H——, aged twelve, was brought into the hospital, dead, on the 5th ult. The boy was eating a piece of apple, and some one tried to take it from him, when he was suddenly seized with great distress, and died. After death, the skin about the neck and grions was stained purple, and the face bloated. The body was well nourished. The right side of the epiglottis had a dark-red patch, and on this were five or six small collections of purulent fluid. Just below the cricoid cartilage there lay in the trachea a piece of apple-skin, the size of a bean, with a quantity of slimy mucus about it. The lungs were congested, and did not collapse.—*Ibid.*

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Talipes Equinus from Contraction of the Muscles of the Calf consequent on Deep-seated Abscesses.—M. W.——, æt. 11 years, a pale but otherwise healthy-looking child, was admitted into St. Bartholomew's Hospital Feb. 27th, 1864, under the care of Mr. Holmes Coote. Four years ago, without any apparent cause, the left leg became swollen and tender, and deep-seated abscesses formed in the calf, preventing her walking for many months.

On admission the limb was found so much contracted that she could only just touch the ground with the toes. She constantly used a crutch.

On March 25th Mr. Coote divided the tendo Achilles subcutaneously; and on the 1st of April a Scarpa's shoe was applied, the ends of the divided tendon having re-united. Extension was kept up, slowly increasing, until April 20th, when the foot was in perfect position, and had all the normal movements.

May 15th.—She was discharged, cured. She has a boot with irons, and a stop-joint at the ankle to prevent the heel being again dragged upwards by the recontraction of the tendon; but she walks perfectly well.—*Lancet*, Sept. 3, 1864.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Surgeon-General United States Army. —The General Court Martial convened for the trial of Surgeon-General W. A. Hammond, on sundry charges preferred against him by order of the Secretary of War, has found him guilty of many of the specifications, but not guilty as to others or portions of others, especially those charging him with *intentional* fraud, and sentenced him to be dismissed the service, which sentence has been approved by the President of the United States.

Dr. H., in a card, asks for a suspension of judgment until he shall have an opportunity of laying before the public his statement of the case.

Dr. Jos. K. Barnes, who has been acting Surgeon-General for several months, and who has during that time conducted the department, we understand, with great ability and with entire satisfaction, has been appointed Surgeon-General.

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Promotion.—Surgeon Richard S. Satterlee, Medical Purveyor U. S. A., has been promoted to the rank of Brigadier General "for diligent care and attention in procuring proper army supplies, as medical purveyor, and for economy and fidelity in the disbursement of large sums of money."

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Quarantine and Sanitary Convention.—The following gentlemen have been appointed delegates from the Philadelphia County Medical Society, to the approaching meeting of the Quarantine Sanitary Convention to be held in this city on the 27th day of October next. Drs. Jewell, Condie, Nebinger, Bell, Gebhard, Burns, Fish, Sargent, Mayburry, Hatfield, Hamilton, Atkinson, Smaltz, Levick, Slocum, and Cummiskey.

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Massachusetts General Hospital.—The following changes have been made in the medical staff of this Institution. Dr. Bow-

ditch, after a long and honourable term of service, has resigned his position of visiting physician, and Dr. Calvin Ellis, Adjunct Professor of the Theory and Practice of Medicine, has been appointed to fill the vacancy. Dr. Brown-Séquard has also been appointed one of the consulting board of the Hospital.

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The Physicians' Visiting List, Diary and Book of Engagements for 1865.—Messrs. Lindsay and Blakiston have published this useful and indeed almost indispensable volume for the forthcoming year. This annual is so well known and its importance appreciated, that it is sufficient to announce that it has now been issued.

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Obituary Record.—It is with profound regret that we have to record the death of Professor Jonathan Knight, of New Haven, which sad event occurred on the 25th of August last, in the 75th year of his age. Dr. K. for many years filled, with signal ability, the chair of surgery in Yale Medical Institution. He was the President of the Convention which organized the American Medical Association, and it was in no small degree owing to his firmness, and knowledge of parliamentary rules, that the convention was saved from disruption without accomplishing anything. On the organization of the Association he was elected first Vice-president and subsequently (1853-54) President. Indeed, in all cases of difficulty, he was looked for to preside, his exalted character, pre-eminent urbanity, and knowledge of legislative rules always commanding respect and acquiescence in his decisions

Dr. K's. great skill as a surgeon was second only to his lofty moral character; and as a physician, and as a man, he presents a model worthy of all to emulate, but which few can hope to equal.

FOREIGN INTELLIGENCE.

Poisoning by Atropine treated by Opium.—Dr. Renu gives the case of a child, aged three years to whom he was called twelve hours after it had drunk some solution of atropine, supposed to contain about one-sixth of a grain. Emetics and antidotes at so late a period were out of the question, and he contented himself with combating the exalted condition of the nervous system which ensued, by exhibiting powders containing one-eighth of a grain of opium, five of which were taken before tranquil sleep, that ended in complete recovery, ensued.—*Dublin Med. Press*, Sept. 7, 1864, from *Journal für Kinderkrank*, 1864.

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Crystal Sanitarium Company.—No doubt the climate of Madeira, a few miles from London, would be a marvellous boon to patients and doctors, if it could be procured. As it cannot, we have under the above name a company started to provide the equable temperature which is supposed to be the chief advantage to be obtained in that and other Southern health resorts. The promoters of the company have obtained the adhesion of a large number of the leading medical men in London, and we believe they are sanguine as to the success of their plan. They contemplate buying an estate of 140 acres at Esher, covering it with glass, and building residences, having communication with the inclosed ground. The interior is to be laid out in gardens, with suitable plants, trees, etc. We should like to know a little more of their plans for ventilation and building before we express any opinion as to the scheme.—*Med. Times and Gaz.*, Aug. 20, 1864.

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Effect of Music on the Insane.—M. Evrat, the Medical Director of the St. Robert Asylum in Dauphiny, recently got one of the celebrated musical bodies, known as the *Orphéonistes*, that of Grenoble, to visit his establishment; and they were not a little surprised at being saluted, on their arrival, by a chorus sung by the lunatics themselves, exhibiting the touching spectacle of men deprived of reason exhibiting in their singing that order and regularity which had no existence as regarded their ideas. The choruses of the *Orphéonistes* excited a marked effect upon the poor lunatics, emotion, surprise, and admiration temporarily suspending their delusions to such a point that they seemed completely reasonable. The order of the proceedings was not interrupted for an instant.—*Ibid.*

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University of Edinburgh.—Mr. Spence has been elected to the Professorship of Surgery in this school, vacant by the death of the late Professor Miller.

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